

## **Frequently Asked Questions 2008 Open Enrollment**

### **Employee Premium Increase Credit**

- Q1. What is the *Employee Premium Increase Credit (EPIC)* and who receives it?**  
A1. The *EPIC* is a credit from the Health Insurance Fund to offset the increase in the cost of health plan premiums this year. Individuals who are not eligible for an employer contribution for their health coverage (part-time employees and those on certain types of leave) will pay the total premium for FY09.
- Q2. Why is there an *EPIC* this year?**  
A2. We are well aware of the impact on employees of the state FY09 budget that results in salary increases of only 2 percent, as well as higher transportation, utility and food costs because of the downturn in the U.S. economy. It is hoped that the *EPIC*, which offsets this year's health insurance premium increase, will help assist employees through this difficult period.
- Q3. Will the *EPIC* be provided in future years?**  
A3. The *EPIC* is for this year and we cannot speculate on what will happen in the future.
- Q4. How was the amount for the *EPIC* determined?**  
A 4. The *EPIC* is equal to the amount of the premium increase for FY09.
- Q5. If the *EPIC* is not given again, will the employee contribution increase significantly to make up for this in the future?**  
A5. The premium effective July 2009 will be based on the actual premium for this July plus the program's projected claims cost in the next year. For example, the actual monthly premium this year for COVA Care Basic single coverage is \$44, even though with the credit, a single employee will pay only \$41. Next year's premium calculation would be based on the actual premium of \$44.
- Q6. If I do not enroll in a health plan, will I be eligible for the *EPIC*?**  
A6. The *EPIC* is applicable to the premium increase for the health program. If you are not enrolled in the health program you will not receive the *EPIC*.

### **Dental Benefits**

- Q1. I have COVA Care Plus Expanded Dental coverage. My son is in orthodontic treatment. How will the increase in the orthodontic lifetime maximum apply to me?**  
A1. Because you are enrolled in COVA Care Plus Expanded Dental, the lifetime orthodontic maximum for your son will increase from \$1,200 to \$2,000. You will receive the increase spread out over the remaining months of treatment, and it will be automatically calculated by the vendor.

**Q2. I reached my annual dental maximum benefit two months ago. When will my plan year maximum benefit increase?**

A2. Your current plan year maximum will remain unchanged. The new dental maximum increase does not apply to the July 1, 2007 – June 30, 2008 plan year. Your dental maximum will increase for covered services received on or after July 1, 2008.

**Q3. To what services does the dental deductible apply?**

A3. The deductible of \$50 per member up to \$150 per family applies to primary services, such as fillings and root canals, and to complex restorative services, such as crowns, bridges and dentures. The deductible does not apply to preventive services, which are paid at 100%, and orthodontic services.

### **Future Moms**

**Q1. I am currently enrolled in the *Future Moms* prenatal program. Can I receive the \$300 inpatient hospital copayment waiver? If so, how will that work?**

A1. You can receive the waiver if you enrolled in Future Moms during the first trimester of pregnancy, complete the program, and deliver your baby on or after July 1, 2008. This is a pilot program for the upcoming plan year, July 1, 2008-June 30, 2009.

**Q2. My baby is due June 15 and I am enrolled in *Future Moms*. Can I receive the \$300 inpatient hospital copayment waiver?**

A2. The waiver only applies to births on or after July 1, 2008.

### **EZ Reimburse Card**

**Q10. I currently have an *EZ Reimburse® MasterCard®* Card and want to continue to use it in the 2008-09 plan year. What do I need to do?**

A10. If you re-enroll in a Medical flexible reimbursement account and want to continue to use your current *EZ Reimburse MasterCard*, you must complete the *EZ Reimburse MasterCard* enrollment form and fax it to Fringe Benefits Management Company (FBMC) at the number provided on the form.

**Q11. Is there a deadline for completing and submitting the *EZ Reimburse MasterCard* Card enrollment form?**

A11. There is no deadline, but you must complete and submit the enrollment form to receive a card for the first time or before you can continue to use your current card. You may apply any time during the plan year as long as there is a balance of at least \$25 in your Medical flexible reimbursement account at the time the card request is processed.

**Q12. How will I know when the *EZ Reimburse MasterCard* Card enrollment form has been processed and I can use my card?**

A12. If you are getting a card for the first time, the card mailed to you will have a sticker with a toll-free number to call to activate the card. If you currently have a card, call the Interactive Voice Response (IVR) at FBMC to find out if your enrollment form has been processed and the card is ready for use. The number is 1-800-865-3262 (24 hours/7days). For more information, see page 13 of the Flexible Benefits Program Sourcebook.

**Q13. My current card is suspended because I failed to submit required documentation. Can I reactivate my card for the new plan year?**

A13. No. If your current card is suspended, all outstanding transactions must be cleared before the request to reactivate can be processed.